

FIELD TRIP PERMISSION FORM - GROUP

NAME OF CHILD CARE PROGRAM

WE WILL BE TAKING FIELD TRIPS ON THE FOLLOWING DATE(S)

1,	2,	3,	4,	5,
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TO THE FOLLOWING DESTINATION(S) INCLUDE NAME AND ADDRESS FOR FIELD TRIP DESTINATION

DESTINATION NAME & ADDRESS	ESTIMATED TIME OF ARRIVAL	DEPARTURE
1.		
2.		
3.		
4.		
5.		

PLEASE SIGN BELOW AND WRITE TRIP # IN THE APPROPRIATE COLUMN INDICATING WHETHER YOU DO OR DO NOT WANT YOUR CHILD TO ATTEND.

NAME OF CHILD	MAY ATTEND TRIP #	MAY NOT ATTEND TRIP #	SIGNATURE OF PARENT/ GUARDIAN	DATE SIGNED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				

CHILD CARE PERSONNEL MUST ENSURE THAT ALL RULES REGARDING FIELD TRIPS, INCLUDING FIELD TRIP STAFF TO CHILD RATIO, SUPERVISION AND TRANSPORTATION REQUIREMENTS, ARE FOLLOWED.